
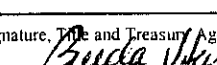
  
**KC FILED**  
 MAR 12 2008  
 MAJ. 12 2008  
 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

**Department of the Treasury**  
 Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

<b>PLAINTIFF</b> UNITED STATES OF AMERICA		<b>COURT CASE NUMBER</b> 08 C 237	
<b>DEFENDANT</b> FUNDS IN THE AMOUNT OF \$101,999.78 SEIZED FROM SMITH BARNEY ACCOUNT xxx-xxxxx-x-2- 121, et. al.		<b>TYPE OF PROCESS VERIFIED COMPLAINT FOR</b> FORFEITURE/NOTICE OF FORFEITURE	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize FUNDS IN THE AMOUNT OF \$101,999.78 SEIZED FROM SMITH BARNEY ACCOUNT xxx-xxxxx-x-2-121, c/o		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) IRS, 230 SOUTH DEARBORN, ROOM 1420, CHICAGO, ILLINOIS 60604		
Send NOTICE OF SERVICE copy to Requester: PATRICK J. FITZGERALD, UNITED STATES ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY 219 SOUTH DEARBORN STREET, 5TH FLOOR, CHICAGO, ILLINOIS 60604 ATTN: BARBARA ROBERTSON		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  PERSONAL SERVICE IS REQUIRED.			
Signature of Attorney or other Originator requesting service on behalf of MARSHA MCCLELLAN, AUSA		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (312) 353-5300
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date 1/16/08	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: 
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			Date JAN 29 2008
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service JAN 29 2008	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Signature, Title and Treasury Agency  - AFC-IRJ	
REMARKS:			

TD F 90-22.48 (6/96)

Make (5) copies after form is signed. SEND ORIGINAL + 4 COPIES to TREASURY AGENCY. Retain Copy #5 for your file.